Juilliard

The Juilliard School
Underwritten by: Wellfleet New York Insurance Company
2019-2020 Student Health Plan
Group No: ST0567SH
Policy No: AIIC1920NYSHIP13

Who Is Eligible To Enroll?

The Juilliard School Insurance Requirements

All registered Domestic Students:

- Domestic students enrolled in 6 or more credit hours are eligible and automatically enrolled and charged premium for the Student Health Insurance Plan.
- Domestic students can opt-out of the Student Health Insurance Plan with comparable health insurance by submitting a waiver form by the waiver deadline date, which is available on WebAdvisor.

All Registered International Students:

- Coverage is required for International students. The plan benefits meet the "J" visa requirements.
- International students who are enrolled in 6 or more credits are automatically enrolled in and charged premium for the Student Health Insurance Plan and do not have the opportunity to opt-out of this coverage.

How Do I Waive Coverage?

- Go to WebAdvisor;
- Select and download 2019-20 paper waiver form;
- Review Juilliard's waiver guidelines;
- Return completed waiver form and copy of insurance card to the Student Accounts Office by mail or fax to: 646-505-4102.
- International students may NOT waive coverage.

The deadline to waive - August 12, 2019

Cost and Periods of Coverage*

	*Annual 09/01/19-08/31/20	*Per Semester Charge
Student Only	$2,736	$1,368

*The above rates include an administrative fee.

Where Can I Obtain More Information About The Plan?

Enrollment/Waiver Insurance Benefits Claims Processing ID Cards	**Wellfleet Group, LLC** https://studentinsurance.com/Schools/?Id=567 (877) 657-5030
Find a PPO Provider:	**Cigna PPO** www.cigna.com or Wellfleet Student Health www.wellfleetstudent.com
Prescription Drugs	**Cigna Pharmacy Network**
Juilliard Health Services	**(212) 799-5000 Ext. 282**

HEALTH INSURANCE BENEFIT SUMMARY*

BENEFIT	Preferred Provider Member Responsibility	Participating Provider Member Responsibility	Non-Participating Member Responsibility
Deductible	$50	$50	$100 Individual
Out-of-Pocket Expense Limit	$7,150 Individual	$7,150 Individual	$10,000 Individual
Coinsurance Amount	15% Coinsurance	15% Coinsurance	40% Coinsurance
Preventive Care	0% Coinsurance (No Cost Sharing)	0% Coinsurance (No Cost Sharing)	$20 Copayment 40% Coinsurance after Deductible
Inpatient Hospitalization	15% Coinsurance after deductible	15% Coinsurance after deductible	40% Coinsurance after Deducible
Primary Care Office Visits	0% Coinsurance not subject to deductible	$20 Copayment 15% Coinsurance after deductible	$20 Copayment 40% Coinsurance after Deductible
Specialist Office Visits	0% Coinsurance not subject to deductible	$20 Copayment 15% Coinsurance after deductible with Referral	$20 Copayment 40% Coinsurance after Deductible
Emergency Department (not subject to deductible)	$250 Copayment 15% Coinsurance	$250 Copayment 15% Coinsurance	$250 Copayment 15% Coinsurance
Urgent Care Center	$50 Copayment 15% Coinsurance not subject to deductible	$50 Copayment 15% Coinsurance after deductible	$50 Copayment 15% Coinsurance after Deductible
Laboratory Procedures/ Radiology Services (other than performed as outpatient hospital Services)	$20 Copayment 15% Coinsurance not subject to deductible	$20 Copayment 15% Coinsurance not subject to deductible	$10 Copayment 40% Coinsurance after Deductible
Outpatient Prescription Drugs 30-day supply. Not subject to deductible	N/A	0% after Copay Tier 1 $20 copay Tier 2 $40 copay Tier 3 $60 copay	0% after Copay Tier 1 $20 copay Tier 2 $40 copay Tier 3 $60 copay

*This is only a brief description of the coverage(s) available under Certificate form NY SHIP Cert (2019). The Certificate will contain reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Certificate. If there are any conflicts between this document and the Certificate, the Certificate shall govern in all cases.

Pre-certification is required for inpatient hospital, surgery and selected outpatient services. Pre-Certification is not required for an Emergency Medical Condition or Urgent Care or Hospital Confinement for the initial 48/96 hours of maternity care.

Underwritten By:
Wellfleet New York Insurance Company

Plan Administrator:
Wellfleet Group, LLC
2077 Roosevelt Ave.
Springfield, MA 01104
www.wellfleetstudent.com
(877) 657-5030

REFERRAL REQUIREMENT NOTICE:
This plan has a referral requirement. If you obtain a written referral from Health Services, your Cost-Sharing may be lower. This means you will pay less money if you get a referral to a Participating Provider. You do not need a Referral from Health Services to a Participating Provider for the following services: Primary and preventative obstetric and gynecological services including annual examinations, treatment of acute gynecologic conditions, or for any care related to a pregnancy from a qualified Participating Provider for such services; emergency services, maternal depression screening, pre-hospital emergency medical services and emergency ambulance transportation, urgent care; when Health Services is closed or when outside of New York City.

The following Value-Added Services are not part of the Policy and are not underwritten by Wellfleet New York Insurance Company. The services are provided by Independent vendors and are included if the student participates in the student health plan.

- Vision discount program through Davis Vision
- Medical Travel Assistance Through Travel Guard
- 24/7 Behavioral Health Hotline/CareConnect.
- 24/7 Nurse Hotline

Exclusions and Limitations No coverage is available under the Certificate for the following:

A. Aviation.
We do not Cover services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.

B. Convalescent and Custodial Care.
We do not Cover services related to rest cures, custodial care or transportation. "Custodial care" means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered Services determined to be Medically Necessary.

C. Conversion Therapy.
We do not Cover conversion therapy. Conversion therapy is any practice by a mental health professional that seeks to change the sexual orientation or gender identity of a Member under 18 years of age, including efforts to change behaviors, gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include counseling or therapy for any individual who is seeking to undergo a gender transition or who is in the process of undergoing a gender transition, that provides acceptance, support and understanding of an individual or the facilitation of an individual's coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, provided that the counseling or therapy does not seek to change sexual orientation or gender identity.

D. Cosmetic Services.
We do not Cover cosmetic services, Prescription Drugs, or surgery, unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect. We also Cover services in connection with reconstructive surgery following a mastectomy, as provided elsewhere in this Certificate. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeal sections of this Certificate unless medical information is submitted.

F. Dental Services.
We do not Cover dental services except for: care or treatment due to accidental injury to sound natural teeth within 12 months of the accident; dental care or treatment necessary due to congenital disease or anomaly; or dental care or treatment specifically stated in the Outpatient and Professional Services and Pediatric Dental Care sections of this Certificate.

G. Experimental or Investigational Treatment.
We do not Cover any health care service, procedure, treatment, device, or Prescription Drug that is experimental or investigational. However, We will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial as described in the Outpatient and Professional Services section of this Certificate, when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, We will not Cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under this Certificate for non-investigational treatments. See the Utilization Review and External Appeal sections of this Certificate for a further explanation of Your Appeal rights.

H. Felony Participation.
We do not Cover any illness, treatment or medical condition due to Your participation in a felony, riot or insurrection. This exclusion does not apply to Coverage for services involving injuries suffered by a victim of an act of domestic violence or for services as a result of Your medical condition (including both physical and mental health conditions).

J. Government Facility.
We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.

K. Medically Necessary.
In general, We will not Cover any health care service, procedure, treatment, test, device or Prescription Drug that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns Our denial, however, We will Cover the service, procedure, treatment, test, device or Prescription Drug for which coverage has been denied, to the extent that such service, procedure, treatment, test, device or Prescription Drug is otherwise Covered under the terms of this Certificate.

L. Medicare or Other Governmental Program.
We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).

M. Military Service.
We do not Cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.

N. No-Fault Automobile Insurance.
We do not Cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if You do not make a proper or timely claim for the benefits available to You under a mandatory no-fault policy.

O. Services Not Listed.
We do not Cover services that are not listed in this Certificate as being Covered.

P. Services Provided by a Family Member.
We do not Cover services performed by a member of Your immediate family. "Immediate family" shall mean a child, spouse, mother, father, sister or brother of You or Your Spouse.

Q. Services Separately Billed by Hospital Employees.
We do not Cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.

R. Services With No Charge.
We do not Cover services for which no charge is normally made.

S. Vision Services.
We do not Cover the examination or fitting of eyeglasses or contact lenses, except as specifically stated in the Pediatric; Pediatric and Routine Vision Care section of this Certificate.

T. War.
We do not Cover an illness, treatment or medical condition due to war, declared or undeclared.

U. Workers' Compensation.
We do not Cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.